

Village of Walton Hills, Ohio

Division of Police

7595 Walton Road Walton Hills, OH 44146 (440)232-1313 FAX (440)786-2975

Kevin Hurst – Mayor/ Safety Director Kenn L. Thellmann – Chief of Police

Walton Hills

Communications Officer

APPLICATION FOR EMPLOYMENT



Kevin Hurst – Mayor/Safety Director
Kenn L. Thellmann – Chief of Police
Sharon Szczepanski – Dispatch Supervisor

General Instructions

The information requested in this application is intended for the use of the Walton Hills Police Department. All information contained herein will be subject to verification. To the extent permitted by law, the information contained herein will be considered to be confidential and will not be disclosed to any unauthorized person(s).

Please print all answers except where your signature is required. You must answer all questions and fill in all blanks. If a question does not apply to your particular circumstance simply insert N/A (Not Applicable). When answering questions that require dates you must insert full dates. Partial month and year responses are not acceptable.

Applicants are strongly cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the Rules and Regulations of the Walton Hills Police Department provide penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for employment or discharge at any time after employment and/or prosecution under Ohio Revised Code Section 2921.13.

PERSONAL INFORMATION

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Telephone Number: _____ (home) _____ (work)
_____ (cell) _____ (other)

Driver's License Number: _____ Exp. Date: _____

State of Issue: _____ Class: _____

Are you available to work at the minimum 24 hours per week while training? _____

Once training is complete are you available 32 hours per week? _____

Are you currently working another job? _____

If hired, do you plan on working both jobs? _____

Availability

Please only mark when you are **available**, these are our shifts that you could possibly be scheduled

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am – 3pm							
3pm – 11pm							
11pm – 7am							

WORK HISTORY

Have you ever applied for a position with any law enforcement or other government agency?

Yes / No (please circle one)

Name of department / Agency	Date Applied	Hired	If no give reason not hired
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	

(If you have any additional information, continue on additional page)

Have you ever been discharged or asked to resign from a job? Yes / No (please circle one)

If "YES" explain below

Begin with your current or most recent employer and list your complete work history in chronological order. Include in sequence all part time jobs, periods of unemployment and military service. When listing military service, substitute the name, address and rank of the commissioned officer that was your immediate superior for the "name and address of immediate supervisor" and substitute the name, address, and rank of a non-commissioned officer with whom you served for "co-workers name".

Name of Employer		Address	
Phone Number		Starting Salary	Ending Salary
Start Date	End Date	Job Title	Years Worked
Duties Performed			
Supervisors Name		Phone Number	
Co-workers Name		Phone Number	
Reason For leaving			

Name of Employer			Address		
Phone Number			Starting Salary		Ending Salary
Start Date	End Date	Job Title		Years Worked	
Duties Performed					
Supervisors Name				Phone Number	
Co-workers Name				Phone Number	
Reason For leaving					

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Supervisors Name				Phone Number	
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Name of Employer			Address		
Phone Number			Starting Salary		Ending Salary
Start Date	End Date	Job Title		Years Worked	
Duties Performed					
Supervisors Name				Phone Number	
Co-workers Name				Phone Number	
Reason For leaving					

EDUCATION HISTORY

List each High School, Trade School, College or University that you have attended. Start with the most recent school attended.

Name of School	Address			
Dates Attended	Graduated	Yes	No	
Primary Area of Study				

Name of School	Address			
Dates Attended	Graduated	Yes	No	
Primary Area of Study				

Name of School	Address			
Dates Attended	Graduated	Yes	No	
Primary Area of Study				

Name of School	Address			
Dates Attended	Graduated	Yes	No	
Primary Area of Study				

Name of School	Address			
Dates Attended	Graduated	Yes	No	
Primary Area of Study				

Please List Highest Degree Obtained and Year Obtained _____

What School Clubs, extracurricular activities and sports did you participate in? _____

HEALTH RECORD

Answer each question completely. In each question, note every incident that applies, giving the type of incident, date and physician or facility that treated you. If you require more spaces, continue on an additional page, indicating to which question your answer applies.

Name of Physician _____

Address _____ Phone Number _____

Do you drink alcoholic Beverages? Yes / No (please circle one)

If "YES", how much do you consume and how often:

Have you ever used marijuana, hallucinogenic drugs, narcotics, cocaine, barbiturates or amphetamines? Yes / No (please circle one)

If "YES", explain:

Do you have any medical conditions or disabilities that would prevent you from performing the essential functions of the job of Communications Officer? Yes / No (please circle one)

If "YES" what kinds of reasonable accommodation(s) will you require to enable you to perform the essential functions?

PERSONAL REFERENCES

List six persons other than relatives, past employers or immediate neighbors who have known you for a period of more than three years.

Name			Phone
Address			
Years known		Occupation	
Business Address			

Name			Phone
Address			
Years known		Occupation	
Business Address			

Name			Phone
Address			
Years known		Occupation	
Business Address			

Name			Phone
Address			
Years known		Occupation	
Business Address			

Name			Phone
Address			
Years known		Occupation	
Business Address			

Name			Phone
Address			
Years known		Occupation	
Business Address			

Village of Walton Hills, Ohio

Police Department

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Police (440) 232-1313 Fax (440) 786-2975

Release Waiver

Agreement (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Village of Walton Hills with any relevant information that may be required to arrive at an employment decision.

Signature: _____

Date: _____

Application for Communications Officer

Applicant Name: _____

Have you promised to pay, or given any money, material, service or consideration to any person, directly or indirectly, for any recommendation or promise of influence toward procuring your employment with the Village of Walton Hills? Yes / No (please circle one)

If "YES", please explain: _____

CERTIFICATION

I, _____ certify and affirm that all the information and statements made and contained in this application or any part therein are true and accurate to the best of my knowledge. I understand that any false statements made in this application will be cause for denial of appointment with the Village of Walton Hills, or for my discharge at any time after appointment with the Village of Walton Hills.

Name (printed): _____ Date: _____

Signature: _____

NOTARY SIGNATURE AND SEAL

STATE OF OHIO

_____ COUNTY

Sworn to and subscribed in my presence this _____ day of _____ 20_____

Notary Name: _____

Notary Signature: _____

My Commission Expires: _____

SEAL